

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM

460

Page 1 of 6

Date Stamp  
Aug 2 2006  
CITY OF SANTA MARIA  
BY: [Signature]  
City Clerk

Date of election if applicable:  
(Month, Day, Year)

Statement covers period  
from 01/01/06  
through 06/30/06

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee  
☐ Controlled  
☐ Sponsored  
☐ Primarily Formed Candidate/Officeholder Committee  
☐ (Also Complete Part 7)

## 2. Type of Statement:

- ☐ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)  
To report corrected expenditure
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

I.D. NUMBER  
1227669

## Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2450 Professional Pkwy, Suite 220

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria CA 93455 805-346-8407

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti

MAILING ADDRESS

2151 S College Drive, Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria CA 93455 805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/06 Date

Executed on 7/31/06 Date

Executed on Date

Executed on Date

By Trent Benedetti Signature of Treasurer or Assistant Treasurer

By Alice M. Patino Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council - City of Santa Maria

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)

2450 Professional Pkwy, Suite 220

CITY

Santa Maria

STATE

CA

ZIP

93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Campaign Disclosure Statement  
Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/06 through 06/30/06	CALIFORNIA FORM 460	Page 3 of 5
NAME OF FILER Alice Patino for City Council	I.D. NUMBER 1227669		

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions ..... Schedule A, Line 3	\$ 0.00	\$ 0.00	1/1 through 6/30 7/1 to Date
2. Loans Received ..... Schedule B, Line 3	\$ 0.00	\$ 0.00	
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 0.00	\$ 0.00	20. Contributions Received \$
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ 0.00	\$ 0.00	21. Expenditures Made \$
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 0.00	\$ 0.00	

Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ 15.25	\$ 15.25	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)  Date of Election (mm/dd/yy) / / Total to Date / / \$ / / \$
7. Loans Made ..... Schedule H, Line 3	\$ 0.00	\$ 0.00	
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 15.25	\$ 15.25	
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ 68.75	\$ 68.75	
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ 0.00	\$ 0.00	
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 84.00	\$ 84.00	

Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 1221.24	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts ..... Column A, Line 3 above	\$ 0.00	
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ 0.00	
15. Cash Payments ..... Column A, Line 8 above	\$ 15.25	
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	\$ 1205.99	

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ 0.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 68.75

Schedule E  
Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULEE

Statement covers period from 01/01/06 through 06/30/06		CALIFORNIA FORM Page 4 of 5 I.D. NUMBER 1227669
SEE INSTRUCTIONS ON REVERSE		
NAME OF FILER Alice Patino for City Council		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- |  |                |
|--|----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$             |
| 2. Unitemized payments made this period of under \$100   | 15.25          |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$             |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 15.25 |

# **Schedule F** **Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from 01/01/06 through 06/30/06		CALIFORNIA FORM <b>460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria, CA 93455	PRO	68.75	68.75		68.75

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

<b>SUBTOTALS \$</b>	68.75	\$	68.74	\$	68.75
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## **Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 68.75
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 68.75
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 68.75  
May be a negative number